

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1390888

☐ Termination - See Part 5

List I.D. number:

09 / 24 / 2016

Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

Date Stamp

City Clerk's Office

OCT - 5 2016

RECEIVED

**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Milpitas Citizens for YES on L

STREET ADDRESS (NO P.O. BOX)

2291 Farmcrest St

CITY

Milpitas

STATE

CA 95035

ZIP CODE

AREA CODE/PHONE

(408)839-6327

MAILING ADDRESS (IF DIFFERENT)

Same

FAX / E-MAIL ADDRESS

RaymondWong777@comcast.net

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jyoti More

STREET ADDRESS (NO P.O. BOX)

1136 Hermina St.

CITY

Milpitas

STATE

CA

ZIP CODE

95035

AREA CODE/PHONE

(650)504-7870

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Raymond Wong

STREET ADDRESS (NO P.O. BOX)

2291 Farmcrest ST

CITY

Milpitas

STATE

CA

ZIP CODE

95035

AREA CODE/PHONE

(408)839-6327

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/29/2016

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/29/2016

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

e 2
NUMBER
190888

COMMITTEE NAME
Milpitas Citizens for YES on L

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE 408-586-7682		
ADDRESS 1 S. Milpitas Blvd	CITY Milpitas	STATE CA	ZIP CODE 95035

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Measure L	Milpitas, Santa Clara County, CA	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Milpitas Citizens for YES on L

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Statement of Organization
Recipient Committee**

Statement Type

☒ Initial

Not yet qualified ☒ or

☐ Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

☐ Termination – See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp

SEP 27 2016

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1. Committee Information

NAME OF COMMITTEE

Milpitas Citizens for YES on L

STREET ADDRESS (NO P.O. BOX)

2291 Farmcrest st

CITY

Milpitas

STATE

CA

ZIP CODE

95035

AREA CODE/PHONE

(408)839-6327

MAILING ADDRESS (IF DIFFERENT)

Same

FAX / E-MAIL ADDRESS

RaymondWong777@comcast.net

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jyoti More

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AREA CODE/PHONE

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3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/16/2016
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/16/2016
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Milpitas Citizens for YES on L

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Pending		
ADDRESS	CITY	STATE ZIP CODE

4. Type of Committee Complete the applicable sections

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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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Measure L	Milpitas, Santa Clara County, CA	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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NO. AND STREET

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STATE

ZIP CODE

Small Contributor Committee

☐

_____/_____/_____
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